



U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

DECLARATION AND POWER OF ATTORNEY

ATTY. DOCKET NO.
2390/49704

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **LONGITUDINALLY FLEXIBLE STENT** the specification of which was filed on 25 May 2001 under Serial No. 09/864,389.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

PRIOR UNITED STATES APPLICATION(S)

#4

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE (day, month, year)	STATUS (i.e. Patented, Pending, Abandoned)
09/516,753	March 1, 2000	Pending
60/202,723	May 8, 2000	Pending
09/795,794	February 28, 2001	Pending

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:

Charles Brainard (Reg. No. 21,069)

John E. Tsavaris, II (Reg. No. 33,804)

John C. Altmiller (Reg. No. 25,951)

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:



John E. Tsavaris, II

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PATENT TRADEMARK OFFICE

One Broadway

New York, New York 10004

(212) 425-7200 (phone)

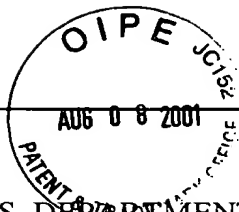
(212) 425-5288 (facsimile)

#4

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME RICHTER	FIRST GIVEN NAME Jacob	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Ramat Hasharon	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS 8 Anafa St.	CITY Ramat Hasharon	STATE & ZIP CODE/COUNTRY Israel 47226
Signature		Date	

FULL NAME OF INVENTOR	FAMILY NAME PINCHASIK	FIRST GIVEN NAME Gregory	SECOND GIVEN NAME A.
RESIDENCE & CITIZENSHIP	CITY Herzlia	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS 6/143 Tsamarot	CITY Herzlia	STATE & ZIP CODE/COUNTRY Israel 46424
Signature		Date	



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